Return of unknown diseases

1924. SHRI GHULAM NABIAZAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that strange and unknown diseases return each year in the country to claim a number of victims as reported in the Hindustan Times dated the 8th December, 2002; and

(b) if so, the steps taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) It is incorrect to state that strange and unknown diseases return each year to claim a growing number of victims. National Institute of Communicable Diseases investigates diseases outbreaks in different parts of the country around the year on the request of the State Health authorities or as per epidemiological requirement. In most situations, the treatment regimes are well established and containment measures are advocated to the concerned state government authorities. The Government has launched National Surveillance Programme for Communicable Diseases as a pilot project during 1997-98 for early identification of out break of communicable diseases and appropriate and timely response to these out-breaks. The programme is in operation in 101 districts of all the 35 States/Union Territories. An Integrated Disease Surveillance Programme is envisaged to be implemented during the 10th Five Year Plan to further strengthen the surveillance mechanism in the country.

Deaths of pregnant women

†1925. SHRI MOTILAL VORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of incidents of death of pregnant women in the country every year and the reasons therefor;

(b) the steps taken by Government to check the deaths of pregnant women; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Data on the incidents of death of pregnant

†Original notice of the question was received in Hindi.

women is not available. However, as per the Sample Registration System of the Registrar General of India, the Material Mortality Ratio of India was 407 in 1998. Based on this data on Maternal Mortality Ratio, it is estimated that about 1.1 lakh women die every year due to causes related to pregnancy and child birth.

The main causes of maternal deaths are:—

1. Direct Causes: Hemorrhage, infections, Obstructed Labor, Unsafe Abortion, Toxemia or Pregnancy etc.
2. Indirect Causes: Anemia, Viral Hepatitis, Tuberculosis and Malaria.
3. Socio economic causes: Early age of marriage adolescent pregnancy, low status of women, low level of femal education, lack of access to health services, gender bias and economic dependency.

(b) and (c) Maternal Health is an integral part of the Reproductive and Child Health Programme which aims at bringing down the maternal mortality and morbidity. Under this programme various interventions focused on reducing maternal deaths are being implemented. These are essential obstetric care; Emergency Obstetric Care; provision for referral transport for pregnant women with complication of pregnancy through panchayats; provision of drugs and equipment at first referral units; provision of contractual staff like additional health workers, staff nurses, doctors and anesthetists. Funds are also being provided for schemes like 24 hours delivery services at selected primary health centres and community health centres.

In order to improve safe deliveries, a Dai training Programme is currently being undertaken in 166 districts in 19 States. For making services available in remote, inaccessible and underutilized PHCs, a scheme of holding Reproductive and Child Health camps is being implemented in 172 districts in 28 States/UTs and outreach strengthening project in 151 districts. Funds are also being provided to the districts under the National Maternity Benefit Scheme, wherein pregnant women belonging to families below the poverty line get Rs. 500/- for the first two live births.

The need for bringing down MMR considerably and improving maternal health in general has been strongly stressed in the National

Population Policy-2000. This policy recommends a holistic strategy for brining about total inter-sectoral coordination at the grassroots level and also for involving the NGOs, civil society. Panchayati Raj Institutions and women's groups in bringing down abnormal Mortality Ratio.

Infrastructure in PHCs

1926. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are thousands of Primary Health Centres and dispensaries having full infrastructure but without full strength of doctors and nurses;

(b) if so, how many of them constructed with Central assistance and aid, State-wise; and

(c) the steps being taken to fill up vacant posts and make the Primary Health Centres and dispensaries fully functional?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) Primarly Health Infrastrcture for rural areas consists of 137311 Sub-centres, 22842 Primary Health Centres (PHCs) and 3043 Community Health Centres (CHCs). As per information made available by State Governments, vacancy position among some critical categories of functionaries, as on 31.03.2001, is as under:

Functionary	Total vacancies	% vacancies
Doctor	3965	13.35
Specialist	2493	37.6
Staff-nurse	5495	12.5
Lab-technician	2368	14.7
MPW (Male)	13697	16.16
ANM	10765	7.26

Following steps have been taken to address the problem:

(i) The States have been repeatedly requested to fill-up the vacancies.